

DEC 1951 01-40

U.S. Officials Only
CONFIDENTIAL

SECURITY INFORMATION

CENTRAL INTELLIGENCE AGENCY
INFORMATION REPORT

25X1A

COUNTRY Brazil

SUBJECT American College of Surgeons, Inter-American
SessionPLACE ACQUIRED
(BY SOURCE)DATE ACQUIRED
(BY SOURCE)

DATE (OF INFO.

25X1A

THIS DOCUMENT CONTAINS INFORMATION AFFECTING THE NATIONAL DEFENSE
OF THE UNITED STATES, WITHIN THE MEANING OF TITLE 18, SECTIONS 793
AND 794, OF THE U.S. CODE, AS AMENDED. ITS TRANSMISSION OR REVELA-
TION OF ITS CONTENTS TO OR RECEIPT BY AN UNAUTHORIZED PERSON IS
PROHIBITED BY LAW. THE REPRODUCTION OF THIS REPORT IS PROHIBITED.

25X1X THIS IS UNEVALUATED INFORMATION

SOURCE

OWN NO.	
DAS NO.	
OCI NO.	

DATE DISTR. 10 Jun 53

NO. OF PAGES 2

NO. OF ENCLS.

SUPP. TO
REPORT NO.

1. The 1953 sessions of the American College of Surgeons were held in São Paulo. The Conference was called the Inter-American Session, mainly to promote interest in the organization among South American doctors. In the past, very few South American doctors have met the strict professional qualifications for membership in the college, and it was hoped this session would create enough interest on the part of South American doctors that they would take steps to meet the college's requirements and thereby create a general improvement in medicine in South America.
2. In order to interest South American medical men, non-members were permitted to attend the sessions simply by paying a small registration fee. Unfortunately, I believe only a few doctors residing in São Paulo took advantage of this concession and no non-member doctors from other countries went to the expense and trouble of traveling to Brazil to attend the conference.
3. The conference was held under the auspices of the São Paulo Medical Association [Associação Paulista de Medicina] whose headquarters at 278 Avenida Brigadeiro Luis Antonio were used for the conference. In addition, the Brazilian Medical Association [Associação Médica Brasileira] and the Brazilian College of Surgeons [Sociedade de Medicina e Cirurgia] aided in presenting the conference.
4. The first day's sessions were unsatisfactory due to mechanical difficulties. A system of simultaneous translations (as used in the UN) had been set up so that doctors could understand the lectures being given regardless of their language. The translations were unsatisfactory, apparently the translators' ability under stress had not been tested. It was difficult to

U.S. Officials Only
CONFIDENTIAL

SECURITY INFORMATION

DISTRIBUTION →	STATE EV	X	ARMY	X	NAVY	X	AIR	X	CHI					
----------------	----------	---	------	---	------	---	-----	---	-----	--	--	--	--	--

CONFIDENTIAL SECURITY INFORMATION/US OFFICIALS ONLY

- 2 -

25X1A

understand, due to poor reception in the equipment, the small portions of the lectures which the interpreters managed to translate. Projectors which were used to show moving pictures of operative technique broke down on several occasions and considerable time was lost before repairs were made and competent operators secured.

5. After the confusion of the first day was corrected, the program was carried out very efficiently. I was impressed with the facilities which I saw during demonstration operations in the São Paulo hospitals. The schedule for lectures, films, and operations was very heavy, and each doctor had time only to attend those subjects which most vitally interested him. I would have liked to have spent more time visiting the hospitals in São Paulo, but the convention schedule precluded this.
6. Fraternization between doctors from various countries could have been better. The bulk of the doctors were from the US and Brazil, with only a few doctors from other countries. Because of language barriers, the doctors did not intermingle freely. Brazilian members of the college invited US doctors to their homes for dinner, each Brazilian inviting four or five doctors and their wives; again, due to language difficulties, this was not a success. A great many South American doctors speak English, but there were not enough in attendance at the conference to lessen the language problem.
7. US doctors were impressed with the ability of some of the South American doctors. In particular, they were impressed with Dr Horacio Resano of Buenos Aires who demonstrated new techniques in the removal of cancers of the esophagus. Dr Benedicto Montenegro, who is considered the best surgeon in South America for his ability to perform gastric resection for stenosing duodenal ulcer, was also considered outstanding.
8. US doctors observed the meticulous care South American doctors paid to the details of operations. In the US, it is the practice of surgeons to perform operations in less time because of the availability of blood, blood plasma, and intravenous solutions; whereas, South American doctors have developed the technique of slow, meticulous operations in which very little blood is lost and in which the surgeon pays great attention to the details which in the US would be performed by assistants. In Argentina, this technique is necessary because of the shortage of blood plasma and the high cost of intravenous solutions. In Brazil, where these products are available, the same careful procedure is followed inasmuch as it is the preferred procedure in South America. I feel that South American doctors think that US doctors are a bit wasteful in this regard.
9. The program presented a collection of the newest and most advanced techniques in surgery, and I feel that the convention was extremely worthwhile. I gained a great deal of knowledge by attending the conference, but I wish that more time had been available so I could have attended more lectures and demonstrations.

- end -

CONFIDENTIAL SECURITY INFORMATION/US OFFICIALS ONLY